

Panther Track Club Registration

www.panthertrackclub.com

PLEASE PRINT/TYPE



ADMINISTRATIVE USE ONLY:

Paid by: Cash Check Venmo

Registration(s) Total: _____

Jersey Name(s) Total: _____

TOTAL: _____

Panther registration fee is \$65.00 per athlete (includes meet fees & uniform jersey). An additional \$6.00 will be added if the athlete wants their last name on the jersey. A USATF Membership Fee (\$33.37 includes processing fees) is also required; parents/guardians must register directly with USATF. *IMPORTANT NOTE: The age your child will be on 12/31/2024 is the age group in which they will compete.

				IF NEEDED	
ATHLETE'S NAME	GENDER	DATE OF BIRTH	AGE ON 12/31/24*	JERSEY SIZE	NAME ON BACK OF SHIRT
		___/___/___			<input type="checkbox"/> YES
		___/___/___			<input type="checkbox"/> YES
		___/___/___			<input type="checkbox"/> YES
		___/___/___			<input type="checkbox"/> YES
		___/___/___			<input type="checkbox"/> YES

Primary Parent/Guardian Information

Name

Address

Phone

Email

Volunteering - I am interested in volunteering for the following:

- Coaching Practice Set up/Tear Down Fundraising Meet Events/Ribbons/Runners Season Celebration

Waiver, Release, & Emergency Medical Treatment Consent

In consideration of being permitted to participate in this activity offered by the Panther Track Club, I knowingly and freely assume risks, both known and unknown, and hold harmless all claims against the Panther Track Club, their officers, officials, agents, and/or employees or other participants, and sponsoring agencies, even if arising from the negligence of the releasees or others and assume full responsibility for my child's (children's) participation. Although a physician's examination is not required for registration, I understand that participants should consult with a physician before participating in athletic and strenuous activities. As the parent or legal guardian of the athlete(s) named above, I consent to emergency medical care deemed necessary as prescribed by a duly licensed medical technician or physician. This care may be given under whatever conditions are required to preserve my dependent's life, limb, or well-being.

Photo Release Consent

As the parent or legal guardian of the athlete(s) named above, grant permission for the Panther Track Club to use photographs described as Panther Track Club photos for websites, social media, newspapers, and other publicly displayed areas.

Parent/Guardian Signature

I have read the consent for WAIVER, RELEASE, & EMERGENCY MEDICAL TREATMENT and PHOTO RELEASE and understand its content. I grant my child/children permission to participate in the Panther Track Program.

X _____
Parent/Guardian Signature

Print Name

___/___/___
Date